

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: <input type="text" value="Mr."/>	First Name: <input type="text" value="Mike"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Peacock"/>	Suffix: <input type="text"/>	
Title:	<input type="text"/>		
Complete Address:			
Street1:	<input type="text" value="101 South Main Street"/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="Joshua"/>	State:	<input type="text" value="TX: Texas"/>
Zip / Postal Code:	<input type="text" value="76058"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="817-558-7447"/>	Fax Number:	<input type="text" value="817-641-7526"/>
E-mail Address:	<input type="text" value="mpeacock@cityofjoshuatx.us"/>		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Title:	<input type="text"/>		
Complete Address:			
Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip / Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text"/>		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Title:	<input type="text"/>		
Complete Address:			
Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip / Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text"/>		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: **First Name:** **Middle Name:**
Last Name: **Suffix:**
Title:

Complete Address:

Street1:
Street2:
City: **State:**
Zip / Postal Code: **Country:**

Phone Number: **Fax Number:**

E-mail Address: